

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	St Paul's Nursing Home
Centre ID:	OSV-0000433
Centre address:	Dooradoyle, Limerick.
Telephone number:	061 228 209
Email address:	info@stpaulsnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Blockstar Limited
Provider Nominee:	Daveen Heyworth
Lead inspector:	Mairead Harrington
Support inspector(s):	Maria Scally
Type of inspection	Unannounced
Number of residents on the date of inspection:	57
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 July 2016 10:45	19 July 2016 18:00
20 July 2016 09:40	20 July 2016 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings an inspection to monitor compliance with the regulations set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland.

St Paul's Nursing Home was located in Limerick city. On the day of inspection there were 57 residents in the centre and no vacancy. During the inspection the inspectors met and spoke with residents and visitors as well as staff from all areas of service in the centre including administration, nursing, catering and household. On both days of inspection a representative of the provider entity, Blockstar Limited, and the person in charge were in attendance on site. The inspection was unannounced and took place over two days. Documentation reviewed by inspectors included staff rosters and training records, residents' care plans, meeting minutes and policies and

related protocols.

During the inspection there was evidence of good practice in relation to the delivery of care. Staffing levels were appropriate to meet both the needs of the resident profile and the design and layout of the centre. Residents and relatives spoken with in the course of the inspection confirmed that the service provided a good standard of care and further feedback in this regard was also received in writing subsequent to the inspection.

Areas for improvement identified on this inspection included training, documentation, storage and infection control, risk assessing and resident privacy.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider entity for the designated centre was a limited company with a director of the company acting as representative for the provider entity. The provider representative and person in charge were available during the inspection. There was a clearly defined management structure in place and staff understood line management responsibility and that care was directed through the person in charge. Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency, these included a monthly clinical governance committee to review audit findings and key performance indicators. Regular staff meetings and handover processes were also in place. An effective schedule of audits was in place on issues such as medication management and falls and a daily audit tool was in place on issues such as the use of restraint, bruising and pressure sores. Assessment systems in relation to the investigation of risk were in place and improvements required in this area are recorded at Outcome 8 on Health and Safety. Management confirmed that the centre was appropriately resourced to effectively deliver service and implement improvements as required. Effective systems of communication and accountability operated with members of management in regular contact and consultation with each other. Evidence of consultation with residents was available and minutes of regular resident meetings were documented. An annual review of the quality and safety of care had been completed and was available for reference. However, this required further development to reflect consultation processes with residents and relatives as required by the regulations.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced

person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

At time of inspection the person in charge was a registered nurse who had been in full-time post for over four years and who had experience and held qualifications appropriate to the role. Care was directed through the person in charge who was actively engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Residents and staff spoken with could identify the person in charge and understood that the role carried responsibility and accountability for the service and that issues and concerns could be addressed to the person in charge for action if necessary. In the course of the inspection the person in charge demonstrated a sound knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The person in charge also understood the regulatory responsibilities associated with the role and demonstrated an ongoing commitment to person-centred care, continuous professional development and compliance with the statutory requirements.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The areas of documentation that were reviewed during the inspection related only to those Outcomes against which the inspection was assessed. As identified at Outcome 18, Garda vetting had not been completed for some new members of staff. Additionally there was no photo identification in place for one member of staff and in some instances there were gaps in the recorded employment history.

As outlined at Outcome 11 the care plans of residents with bed-rails in use did not always include an assessment on the risk associated with the use of a bed-rail.

Judgment:
Substantially Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A current policy was in place on the prevention, detection and response to abuse that also referenced the relevant national policy and guidelines. Procedures provided direction to staff on recognising the different circumstances and types of abuse and the related reporting processes. The services of an external consultant were retained by the centre to provide oversight and review of these procedures.

A review of the training matrix indicated that a regular programme of training on safeguarding and safety was in place and had been delivered within the last 12 months. Staff members spoken with were aware of safeguarding issues and how to record and report any such concerns. However, training records indicated that refresher training was overdue for a small number of staff. Where allegations had been made they were recorded and notified in keeping with requirements. Residents spoken with by the inspectors reported positively of their experience of care and stated that they felt safe and well minded in the centre. These residents were clear on who was in charge and who they could go to should they have any concerns they wished to raise.

The management of residents' finances had been found compliant on the last inspection and the current inspection of records confirmed appropriate policies and related procedures remained in place. Management confirmed that, where possible, residents managed their own finances either independently or with the support of their family. A policy and procedure was in place around safeguarding residents' finances that set out

requirements for the maintenance of records or receipts and signatures to confirm supervision of transactions. A sample of these records reviewed was in keeping with procedure.

A current policy and procedure was in place on managing responsive behaviours and a schedule of training in this area was also provided. Through observation, a review of care plans and discussion with management and staff, inspectors were satisfied that there was a good understanding of individual residents' needs and that staff were able to utilise effective strategies to alleviate anxieties. Where restraints such as bed-rails were in use appropriate assessments had been undertaken and nursing notes reflected regular monitoring of their use. However, risk assessments in relation to the use of the bed-rails themselves were not in place and action in this regard is recorded against Outcome 5 on Documentation. Audits on the use of restraint were also in place. Management articulated a commitment to a restraint free environment and the developing use of alternatives to bed-rails such as low beds and sensory mats.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A signed health and safety statement was in place and procedures provided appropriate guidance to staff in the event of emergencies such as water loss and power outage or flooding. A current risk management policy was also in place which included arrangements to identify, record, investigate and learn from serious incidents. This policy required review however as it did not specifically reference areas of risk as set out in the regulations. An accident and incident log was maintained electronically and the person in charge explained that outcomes were recorded and where learning was identified it was communicated to staff through meetings and revised protocols. Monitoring systems were in place such as a regular regime of audits. Arrangements were in place for maintaining a safe environment with grab rails and call bells in rooms and corridors as required. The centre maintained a risk register that was kept under review. A visitor's book was in place to record attendance and access to the centre was controlled by an entry buzzer with a receptionist also on duty.

An infection control policy was in place and work routines observed by inspectors were in keeping with good practice and included the appropriate use of personal protective equipment. Catering staff were trained in HACCP (Hazard Analysis & Critical Control

Point). Sanitising hand-gel was readily accessible and regular use by staff was evident. The premises overall was clean and well maintained; where instances of torn upholstery on items of furniture were noted these were addressed by management at time of inspection. Access to high risk areas such as the laundry and sluice rooms was restricted. Arrangements were in place for the secure storage of hazardous items such as cleaning chemicals and latex gloves. However, on occasion during the inspection some of these products were not being securely stored. Additionally a number of wheelchairs were found stored in the ground floor bathroom which presented a potential risk in relation to infection control. Household staff were appropriately trained and were able to describe effective cleaning systems such as the use of colour coded cloths and the segregation of clean and contaminated items. However, some sinks had developed a build up of limescale which presented a potential infection control issue and these were appropriately addressed by management and staff at time of inspection

Records indicated all staff had received up-to-date training in fire safety procedures and those staff spoken with by inspectors demonstrated an adequate knowledge of the alarm system and how to identify the location of a fire. There was suitable fire equipment provided in the centre. Records were available that showed the fire alarm, fire equipment and emergency lighting were serviced in keeping with regulatory requirements. Fire drills were undertaken regularly and emergency evacuation procedures were displayed clearly at the centre. However, an access point to the dining room required risk assessing to ensure it supported effective evacuation measures in the event of an emergency.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A centre-specific medicines management policy was in place that provided appropriate directions to staff in relation to procedures around the ordering, prescribing, storing and administration of medicines to residents. This included guidance on the handling and disposal of out-of-date medicine. The handling of controlled drugs was safe with systems for monitoring and recording administration and stock control in keeping with current guidelines and legislation. Medicines such as eye-drops had the date use commenced recorded. Storage was secure and appropriate with fridge temperatures regularly checked and maintained within the required range. The person in charge implemented regular medication audits that included an audit of transcribed medicines

on 28 June 2016 which was compliant. Scheduled medication management reviews were in place. The person in charge confirmed regular training was available and a monthly competency assessment chart was in place for staff.

Observation of a medication round during the inspection found that the administration of medicines was in keeping with guidelines and reflected the time and frequency of the prescription. Where medicines were administered in crushed form a general practitioner had signed off accordingly. Administration sheets indicated that where a resident refused a medicine there was a recorded entry for reference as appropriate on review. Where medication prescription sheets were maintained they were current and contained the necessary biographical information of the resident. Medication administration sheets contained the signature of the nurse administering the medication and identified the medications on the prescription sheet. A resident photograph was in place for reference. The medication trolley was appropriately stored and secured.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had recently transitioned to an electronic care planning system and staff spoken with had been appropriately trained and were able to demonstrate an effective working knowledge of the new system. Inspectors reviewed a number of care plans and were satisfied that residents' care and wellbeing was maintained by a high standard with health care needs met through timely access to medical treatment. Records reviewed by the inspectors indicated that care plans were monitored in keeping with regulatory requirements and with attendance and review by a general practitioner (GP) on a regular and as required basis.

The inspectors saw that residents had a comprehensive nursing assessment completed on admission. There was evidence that residents and their relatives were consulted with and involved in the planning of their care. Residents had the option of retaining the services of their general practitioner and/or pharmacist and the centre facilitated residents in their choice. The assessment and care planning process was in keeping with

evidence-based practice and involved the use of a range of validated tools to assess each resident's risk of deterioration around areas such as nutrition, falls, level of cognitive impairment and pressure-related skin injury, for example. Each resident had a care plan developed based on their assessed needs. The inspectors assessed a sample of care plans which were found to be person-centred and individualised and had been reviewed regularly in keeping with requirements. An inspector spoke with members of staff and management in relation to their understanding of the care required from the care plan of a resident presenting with a broad range of needs and found a good knowledge of the resident's profile and an effective understanding of the relevant plan of care in place to manage each assessed need. Where the advice of allied health care professionals was required referral was timely and the plans of care reflected the advice provided as appropriate. Dietician and speech and language services were provided and residents recording significant weight loss for example had been reviewed as necessary with dietary supplements prescribed as appropriate and a schedule of ongoing review in place.

Records indicated a regular review by a general practitioner (GP). A physiotherapist attended the centre weekly and the services of an occupational therapist were also available. Mental health services were available with access to review by the psycho-geriatrician as required. Systems were in place to ensure that relevant and appropriate information was made available in relation to a resident when being transferred to hospital or discharged to another centre. There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed in relation to issues of mobility. Where care plans were in place around issues of mobility and falls those inspected were relevant and regularly reviewed. Based on observations, feedback and a review of records and systems, the inspectors were satisfied that there were suitable arrangements in place to meet the health and nursing needs of residents as assessed.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The centre was located on its own grounds set back from the main road in Limerick city. Ample parking facilities were available to the front and side of the premises. There was evidence that an ongoing maintenance programme was in place with work in progress during the inspection. The centre provided accommodation for 57 residents comprising 48 single rooms, three double rooms and one three bedded room, all laid out over three floors. Access between floors was provided by a lift which was regularly serviced. Seven single rooms and two of the double rooms included ensuite facilities, remaining rooms were provided with wash-hand basins. There was an adequate number of toilets available for use with each floor having access to a shared bath and/or shower facility. However, the design and layout of a toilet on the ground floor required review as it did not provide adequate space for the use of assistive equipment as necessary.

All bedrooms provided sufficient space for the delivery of care and adequate storage facilities included a chair and a secure unit for valuables. Appropriate assistive equipment was available and a programme of maintenance was in place. The design and layout of the premises was in keeping with the statement of purpose. However the use of a multi-occupancy room for up to three residents did not support privacy and dignity in the provision of personal care and action in this regard is recorded against Outcome 16 accordingly. The centre was comfortable with appropriate heating and lighting throughout. There was a conservatory area with seating and residents could also access a secure outdoor garden with seating and a water feature. Residents could use communal sitting areas on each floor with a space also provided on the ground floor for residents to receive visitors in private should they so wish. The dining area was bright with tables laid out for small groups. Staff facilities were available for changing and storage. Residents also had access to a small oratory opposite the dining area.

Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was suitable in design to meet its purpose with sufficient space and facilities to manage laundering processes.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A site specific complaints policy and procedure was in place which covered both written and verbal complaints. The policy cited relevant legislation and provided a clear outline

of the procedure to follow in making a complaint, including expected time frames for resolution. A copy of the complaints policy and procedure was clearly on display and identified an independent complaints officer as part of the appeals process. Residents spoken with were aware of how to make a complaint should they so wish though residents reported that communication with staff and management was very good with opportunities to raise issues at residents' meetings also.

In general any requests or issues were usually addressed on an ongoing basis without the need to escalate matters via the complaints process. A complaints' log was maintained electronically and included the necessary information around the complainant, the nature of complaint, action taken and whether the outcome was resolved satisfactorily.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Arrangements were in place to facilitate residents' consultation and participation in the organisation of the centre including quarterly resident committee meetings which were facilitated by the activities co-ordinator. Minutes of these meetings, along with a record of attendance, were available for reference. Documentation indicated that issues discussed at these meetings were relevant to the centre such as menu options, outings and activities. Residents had access to independent advocacy services and contact details were clearly displayed at the centre and referenced in resident meetings.

Inspectors noted that the atmosphere at the centre was homely and friendly; residents and their relatives provided written and verbal feedback on the positive attitude and standard of care provided by staff. Interactions of staff with residents observed by inspectors were seen to be person-centred and attentive. Staff spoken with also understood and demonstrated appropriate techniques in managing communication where residents had a cognitive impairment or other difficulties communicating. The person in charge and staff were seen to have a good knowledge and understanding of residents' backgrounds and interests. A designated activities coordinator managed a regular schedule of activities and a record of residents attending and participating in

these activities was maintained. Residents were seen to enjoy a music and dance session in the course of the inspection. The centre supported residents who chose to attend local day services and there was evidence that the centre arranged for resident outings also.

Facilities were available for residents to receive visitors in private should they so wish and inspectors noted that there was a regular attendance of visitors on the day of inspection. Residents had access to TV, radio, papers and a private phone as required. Documentation reviewed included satisfaction surveys with residents commenting on what they liked about the centre. Residents were supported in civic activities such as voting and the centre provided appropriate access to religious services and pastoral care as required. However, as outlined at Outcome 12, constraints in relation to premises and the use of a multi-occupancy room for up to three residents did not support the receipt of personal care in a manner that protected privacy and dignity.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the staff rota and were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. At time of inspection the system of supervision was directed through the person in charge with designated administrative support and appropriate deputising arrangements for suitably qualified staff to provide cover. Management systems were in place to ensure that information was communicated effectively and minutes of staff meetings were available for reference. There was a clearly defined management structure that identified the lines of authority and accountability. A schedule of staff appraisals was in place. Supervision was also implemented through monitoring and control procedures such as audit and review. An appropriately qualified, registered nurse was on duty at all times. Copies of the standards and regulations were readily available and accessible by staff. The qualifications of senior nursing staff, and

their levels of staffing, also ensured appropriate supervision at all times. An additional clinical nurse manager (CNM) had been recruited and was due to take up post in September 2016. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. There was an ongoing programme of training to support staff in their provision of contemporary evidence-based care, including infection prevention and control, dementia training and first aid training. However, refresher training in manual handling was overdue for a small number of staff.

The centre had appropriate policies on recruitment, training and vetting. Inspectors reviewed a sample of staff personnel files and were satisfied that the requirements of Schedule 2 of the Regulations were generally observed; where there were omissions these are recorded for action against Outcome 5 on Documentation. Up to date an Bord Altranais registration was also in place for all members of nursing staff. At the time of inspection there were no volunteers at the centre and the person in charge understood the requirements in relation to documentation for volunteers.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Paul's Nursing Home
Centre ID:	OSV-0000433
Date of inspection:	19/07/2016
Date of response:	28/08/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The annual quality review required further development to reflect consultation processes with residents and relatives as required by the regulations.

1. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

A Resident & Relative Satisfaction Survey shall be completed in October of this year. Feedback from this will be discussed during the management team meeting that month and incorporated into the St. Paul's Strategic Plan for 2017.

Proposed Timescale: 31/10/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The care plans of residents with bed-rails in use did not always include an assessment on the risk associated with the use of a bed-rail.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

Risk assessments have been completed for all residents with bed-rails in use. Clinical Nurse Manager and Senior Nursing staff will complete a check weekly to ensure all documentation in relation to restraint is in place for each resident. A quarterly restraint audit will be completed by the Person In Charge to ensure this is adhered to.

Proposed Timescale: 30/09/2016

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

For some new members of staff Garda vetting had not been completed. Additionally there was no photo identification in place for one member of staff and in some instances there were gaps in the recorded employment history.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

Garda vetting has been completed for all new members of staff.
Photo identification has been placed in the file for the staff member highlighted during the inspection.

Proposed Timescale: 30/08/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Training records indicated that refresher training in safeguarding and safety was overdue for a small number of staff.

4. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:

Elder Abuse training has been scheduled for new staff and staff that require refresher training in October this year. The Nominated Provider shall deliver has completed a train the trainer course in Elder Abuse and shall deliver the training to relevant staff.

Proposed Timescale: 31/10/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

On occasion during the inspection measures to control access to hazardous items such as cleaning chemicals and latex gloves were not observed.

5. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:

Risk assessments have been completed in areas where hazardous items have been stored.

Storage area for gloves and apron's in the corridors was deemed a potential risk to residents with cognitive impairments. Staff were educated regarding the risk posed and

the Nominated Provider shall implement additional control measures to limit access to these items.

All cleaning chemicals are stored in locked storage rooms and cupboards. Access is limited to appropriately trained staff in the handling of these chemicals. All other staff has been informed of the potential risk posed by leaving this areas unlocked. Daily health and safety checks by the PIC are completed to ensure policy in relation to same is adhered to.

Proposed Timescale: 31/08/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk management policy itself did not contain the measures and actions in place to control the five specified risks as outlined in Regulation 26.

6. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

Please state the actions you have taken or are planning to take:

The risk management policy has been updated as per regulation 26 (1).

Proposed Timescale: 26/08/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A number of wheelchairs were found stored in the ground floor bathroom which presented a potential risk in relation to infection control.

7. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

A review of the incorrect storage of wheelchairs in a ground floor bathroom was undertaken by the PIC and Nominated Provider. Alternative storage areas were identified and are currently being redeveloped to ensure adequate storage of all wheelchairs and other assistive equipment required by residents. This area will be checked daily by the PIC as part of a health and safety check to ensure compliance.

Proposed Timescale: 31/10/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An access point to the dining room required risk assessing to ensure it supported effective evacuation measures in the event of an emergency.

8. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:

A risk assessment was conducted by the PIC and confirmed that the entrance to the dining room will require to be enlarged.

Proposed Timescale: 30/09/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The design and layout of a toilet on the ground floor required review as it did not provide adequate space for the use of assistive equipment as required by Schedule 6, Part 3 (c).

9. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

An additional toilet shall be placed in the ground floor assisted bathroom which currently is used for showering and bathing residents.

Proposed Timescale: 30/11/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The use of a multi-occupancy room for up to three residents did not support the receipt of personal care in a manner that protected privacy and dignity.

10. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:

Curtain rails in this multi-occupancy room shall be extended to ensure full privacy and dignity for each resident.

Proposed Timescale: 30/09/2016